

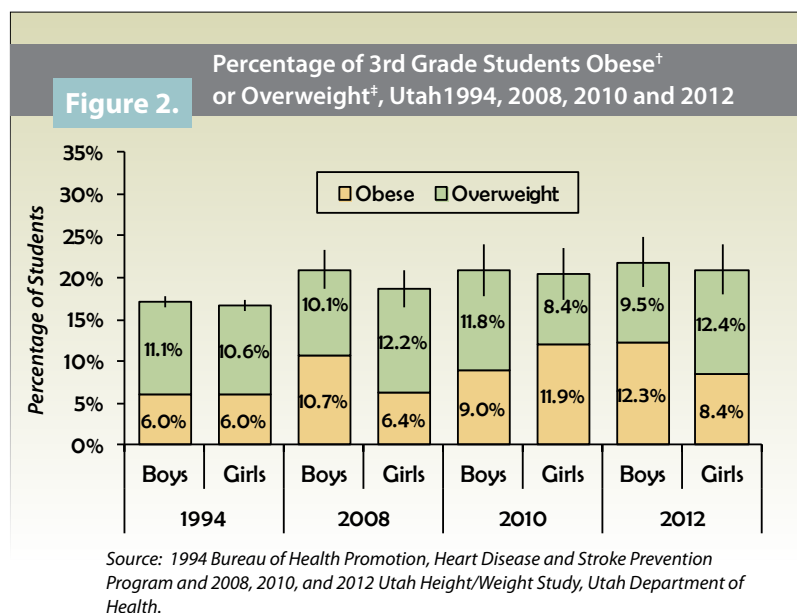
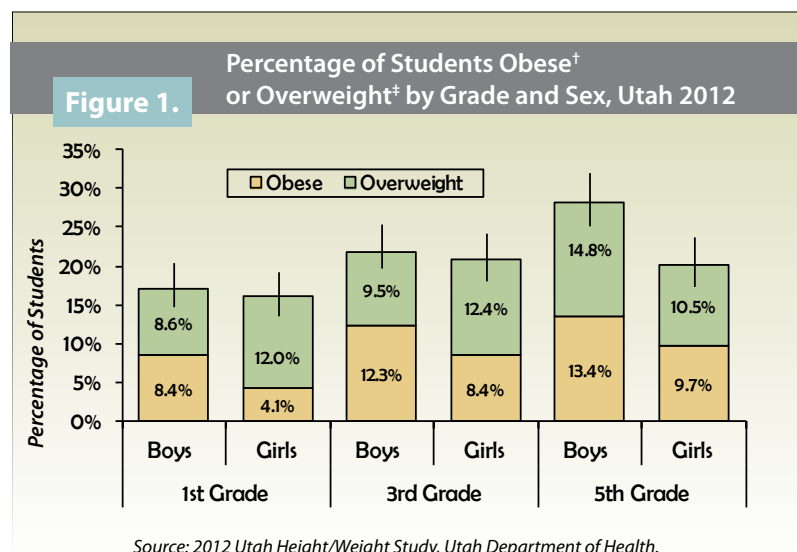
Childhood

Overweight in Utah, 2012

From January to May 2012, 4,477 first, third, and fifth grade students from 69 randomly selected public elementary schools throughout the state were weighed and measured to assess the extent of childhood overweight and obesity in Utah. The data were collected to be representative of all public elementary schools in Utah. This

ongoing study was conducted by the Utah Department of Health, local school districts, and school nurses. Findings from the study are as follows:

- More boys than girls were overweight or obese in every grade.
- The percentage of boys at an unhealthy weight (overweight or obese) increased dramatically from 1st to 5th grade.
- In 2012, 20.8% of elementary school students were at an unhealthy weight. The rate in 2010 was similar at 20.4%.
- In 2012, 9.4% of elementary school students were obese, similar to 2010 when 9.7% were obese.
- In 1994, 16.9% of 3rd graders were at an unhealthy weight. By 2012, the rate had increased to 21.3%.
- There was no evidence that the rate of overweight or obesity among elementary school students had increased between 2010 and 2012.



Body Weight Terminology:

Body Mass Index (BMI) is a standardized measurement based on height and weight that is used to estimate the amount of body fat for an individual.

Classification of Unhealthy Weight (Barlow 2007)

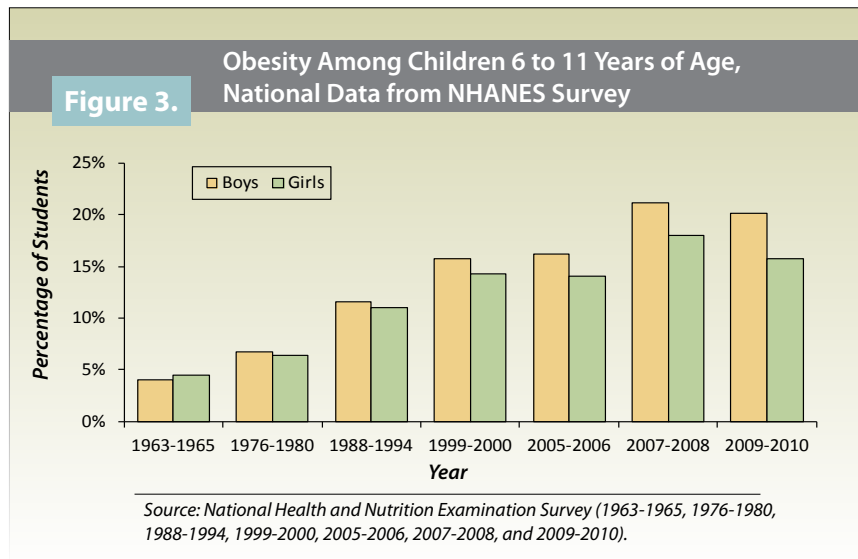
| | |
|-------------|---|
| ‡Overweight | BMI ≥85th and <95th percentile for age and gender |
| †Obese | BMI ≥95th percentile for age and gender |

Reports prior to 2008 classified children as "at risk for overweight" with a BMI ≥ 85th and <95th percentile, and "overweight" with a BMI ≥95th.

Based on the CDC 2000 Growth Charts.



National Childhood Obesity Data



National data for children show an increase in body weight over time.

- The percentage of obese children has more than tripled since the 1960s.
- More boys are obese compared to girls.
- The rates for boys and girls could be starting to level off.

The Effects of Childhood Overweight and Obesity

Childhood overweight predicts obesity later in life

- Overweight and obese children are more likely to become obese adults.¹

Adult diseases now observed in obese children

- Hardening of arteries, high blood pressure, and high cholesterol, which can lead to heart disease^{2,3,4,5,6}
- Diabetes^{3,4}
- Glucose intolerance⁷
- Sleep-associated breathing disorders^{2,3}
- Non-alcoholic Fatty Liver Disease³

Social and psychological impact of childhood obesity

- Social isolation⁸
- Increased rate of suicidal thoughts and attempts associated with weight-based teasing^{9,10}
- Low self-esteem due to poor body image¹¹
- Increased rate of anxiety disorders and depression in overweight children^{3,9,12,13,14}
- Increased likelihood to report difficulties in school^{13,9,15}
- Reduced self-assessed quality of life^{9,16}
- Increased likelihood of being bullied¹⁷

Academic consequences of childhood obesity

- Increased school absenteeism^{15,18}

The State Plan

The Utah Nutrition and Physical Activity Plan 2010 to 2020 is a 10-year action plan to reduce the burden of obesity. The plan was developed in partnership with many organizations. The plan provides a framework to decrease overweight and obesity in Utah.

The plan emphasizes policy and environmental changes to enable Utah residents to make healthier choices related to nutrition and physical activity. The strategies outlined in the plan will be achieved through joint efforts of state and local government agencies, nonprofit organizations, business leaders, health care providers and insurers, and education organizations.

Childhood Obesity Strategies

- 1. Children should get at least 60 minutes of physical activity daily.**
 - Provide safe, accessible environments in communities, schools, and child care facilities that encourage regular physical activity.
- 2. Children should eat at least 1½ to 2 cups of fruit and 1½ to 3 cups of vegetables daily.**
 - Ensure access to affordable, quality fruits and vegetables in communities, schools, and child care facilities.
- 3. Children should rarely have sugar-sweetened drinks and should eat few high-calorie foods with little or no nutritional value.**
 - Increase the availability of and access to healthy foods and drinks (including water) in neighborhoods, schools, child care facilities, and other places where children go.
 - Establish nutrition standards for vending machines in schools and other places where children go.
- 4. Limit screen time (television, computer, and video games) to no more than 2 hours per day.**
 - Provide opportunities for schools, communities, faith-based organizations, and health care providers to support alternatives to screen time at home and school.

How can we **impact children's lives** to change this trend?

By focusing on:

More Physical Activity

More fruits and vegetables

Less screen time

Fewer high-calorie foods

Fewer sugar-sweetened drinks

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Resources

Utah Nutrition and Physical Activity Plan 2010 to 2020. (2010) Salt Lake City, Utah: Utah Department of Health. Available for download at <http://www.choosehealth.utah.gov>

Utah Action for Healthy Kids. <http://www.actionforhealthykids.org> - click on *In Your State*, and select *Utah*.

Acknowledgments

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